## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT** #

466215

(1)

OLD HICKORY HOUSE OF SARASOTA, INCORPORATED

Side N. TAMIAMI TR. SARASOTA FLORIDA 34234  2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date incorporated or Qualified 12/13/1974  2. Principal Place of Business 2. Mailing Address 3. Date incorporated or Qualified 12/13/1974  2. Principal Place of Business 2. Mailing Address 3. Date incorporated or Qualified 12/13/1974  2. Principal Place of Business 3. Date incorporated or Qualified incorporated or Qualified 3. Date incorporated or Qualified 3. Date incorporated or Qualified incorporated or Qualified incorporated or Status Date or Applied or Qualified incorporated or Status Date or Qualified incorporation over or has paid the current year Independence 3. Date incorporated or Status Date or Qualified incorporated or	- •		A4-17							
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DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified 12/13/1974  2. Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.  City & State City & State 2c. Country 2d. Country 2d										
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City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & State   Trust Fund Contribution   Added to Find Contribution   Added to Find Contribution   City   Country   St. This corporation ower or has paid the current year Intended Personal Property Tax due June 30.   Type   Name and Address of Current Registered Agent   Street Address of New Registered Agent   Name   Rosen   Rosen							5. Certificate of Status Desired			
Trust Fund Contribution	City & Sta						6. Election Campaign Financing	\$5	.00	May Be
24 25 20 30 Personal Property Tax due June 30. Yes Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  WRIGHT, CHESTER 5100 N TR SARASOTA FL 34234  82 Street Address (P.O. Box Number is Not Acceptable)  83 City  FL 85 Zip Coc  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its re office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and such accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or proted name of registered agent and side if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II  14. TITLE  PD  WRIGHT, SCOTT E  STREET ADDRESS  5100 N TR  1.3 STREET ADDRESS  5100 N TR  517 SARASOTA, FL 00000  1.4 CITY-ST-ZP  TITLE  SDT  MME  ROSENOW, BONNIE L  22 NAME  CHASTER  ACCHASTER  ACCHASTE	23		28							
9. Name and Address of Current Registered Agent  WRIGHT, CHESTER 5100 N TR SARASOTA FL 34234  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Report of the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its residue or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  Signature, hyped or provided name of legistered agent and tide if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II  TITLE PD DELETE 1.1 TITLE  PD DELETE 1.3 SIRRET ADDRESS  CITY-ST-ZIP SARASOTA, FL 00000  TITLE SDT DELETE 2.1 TITLE  SARASOTA, FL 00000  Change Cha	<b>—</b> '	Country	Zφ	<u> </u>	untry	,	•			
### STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 00000, BONNIE L  ### STORM NUMBER   Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)	24			30	_					] No
Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83   B4   City   FL   85   Zip Coc    11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its residence or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of, Sections 607.0505, Florida Statutes.  83   Street Address (P.O. Box Number is Not Acceptable)  84   City   FL   85   Zip Coc    85   Zip Coc   City   FL   85   Zip Coc    86   Zip Coc   City   FL   85   Zip Coc    87   City   FL   85   Zip Coc    88   Zip Coc   City   FL   85   Zip Coc    89   City   FL   85   Zip Coc    89   City   FL   85   Zip Coc    80   City   FL   85   Zip Coc    80   City   FL   85   Zip Coc    81   City   FL   85   Zip Coc    82   City   FL   85   Zip Coc    83   City   FL   85   Zip Coc    84   City   FL   85   Zip Coc    85   Zip Coc   City   City			rent Registered Agent		01	Nome	10. Name and Address of New Registr	ered Agent		
SARASOTA FL 34234  83  B4 City  FL 85 Zip Coo  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its re office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as reg agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, hyped or present name of registered agent and side if applicable  NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II  TITLE  PD  DELETE  1.1 TITLE  WRIGHT, SCOTT E  STREET ADDRESS  GITY-ST-ZIP  SARASOTA, FL 000000  1.4 CITY-ST-ZIP  NAME  ROSENOW, BONNIE L  2.1 TITLE  Change  Chan						IVALUE				
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14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, aro nan attachment with an address.

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE

TITLE

NAME

STREET ADDRESS

Milabot

CJWR16AT

6.3 STREET ADDRESS

2-25-98× 355-8757

**FILED** 

Mar 04 1998 8:00am

Secretary of State